

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

34325

**1. PLACE OF DEATH**

County St. Louis  
Township Hallston

Registration District No. 289

Primary Registration District No. 6088

City

(No. 1444 Le Ray)

File No.

Registered No. 313-

St.

Ward)

**2. FULL NAME**

(a) Residence, No. 1444 Le Ray

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

Yrs.

mos.

ds.

How long in U. S., if of foreign birth?

Yrs.

mos.

ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct 24 1933

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

2

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis Mo.

MOTHER FATHER

13. NAME

Charles J. Lammert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis Mo.

15. MAIDEN NAME

Ollie M. Adams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Hillsboro Mo.

17. INFORMANT

(ADDRESS)

Charles J. Lammert  
1444 Le Ray

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Sunset Cem

DATE

Oct 28 1933

19. UNDERTAKER

(ADDRESS)

John K. Ziegenhagen  
7027 Harrison Ave

20. FILED

10/27

1933

Wella Brey M. D.  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Oct-26

1933

22. I HEREBY CERTIFY, That I attended deceased from

Oct 24

1933

to Oct 26

1933

I last saw him alive on Oct 24, 1933 Death is said

to have occurred on the date stated above, at 1:30 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

none

Name of operation

none

Date of

What test confirmed diagnosis?

autopsy

Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury none

Where did injury occur?

none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

none

Nature of injury

none

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

no

(Signed)

Chas W Miller

M. D.

(Address) 1035 Mission Bluff

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

